

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90034 044 ****50.00

DOCUMENT # L02000015073

1. Entity Name
SUNNY-AKASH, LLC



Principal Place of Business
**7188 ROYAL OAKS DR
SPRING HILL, FL 34607**

Mailing Address
**7188 ROYAL OAKS DR
SPRING HILL, FL 34607**

60045057



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
02-0623160

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANJABIKARODA, HARIKIRISHNALA L
7188 ROYAL OAKS DR
SPRING HILL, FL 34607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
PANJABIKARODA, HARIKIRISHNALA L
7188 ROYAL OAK DR
SPRING HILL, FL 34607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRV
JAYPRAKASH, PANJAGI
~~4416 CRESCENT RD~~
~~SPRING HILL, FL 34606~~** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14346 BEAULY CIRCLE
HUDSON, FL 34667** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRS
DINESH, GANDHI
8898 KEATS DR
HUDSON, FL 34667** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRS
MADHUSUDAN, AMIN
~~1608 SW MOORING DR~~
~~PORT SAINT LUCIE, FL 34986~~** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**13301 N CLOUGHLIN AVE
N. Fort Myers, FL 33903** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/06